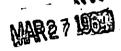
h	MIS	SO			SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	=63=046	966
DO NOT WRI		AN	LENDED	_	Registration District No	108 STATE FILE NO	JMBER
V\$ 300 Rev. 4/59	1 1	AMENDED		<u> </u>	a. COUNTY Bates b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	NCE (Where deceased lived. If institution: 10. b, COUNTY Vernon	Residence before admission)
		¥ E			TOWN Mt Pleasant Twp TOWN No.	evada Rt 3	Yes 🗀 NoX🗅
2000	2	DATE A			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D O A Bates Co Hosp. Inside Limits ADDRESS Yes X No	(If cutside, give location)	Reside on Farm Yes 🔊 No 🗆
3	7			1	3. NAME OF DECEASED First Middle Last (Type or print) ORVILLE L. COVINGTON	4. DATE Month Day OF DEATH Dec. 16	Year 1963
5 /		-			5. SEX 6. COLOR OR RACE 7. Married P Never Married 1 8. DATE OF BIRTH Widowed Divorced 8/5/30 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	9. AGE (last birthday) IF UNDER 1 YEAR Months Days (City and state or country) 12. CITIZEN OF	Hours Min.
6 7 m	-IOWS				during most of working life over if regired)	es County, Mo USA	
8 2	-[<u>3</u>				Lewis Charles Covington Minnie Lee Cowan	Patsy Ruth Coving	ton
<u>رتر پ</u> بر و	RE AS				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv yes Korean war Patsy Rut	h Covington, Nevada, M	issouri
10		5		CUMENT	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to	e chest	ITERVAL BETWEEN NSET AND DEATH
11007		EAD		000	Conditions, if any, 1 DUE TO (b) //// UKIES	Ten	wediate
12 %2-3	- 돌	NST	1.	- - - -	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	·	
<u>_</u>	- 8			. 	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to disease condition given in PART I (a)	o the terminal PART III. If deceased there a pregna	was female was incy in last 90 days.
	NTS	ľ				☐ Yes ☐	
•	ENDME				PERFORMED? USE CONTROL OF CONTROL	D. (Enter nature of injury in PART I or PART I	of item 18.)
INK RIBBON	A				20c, TIME OF Hour Month, Day, Year INJURY a.m. 12 - 16 - 6 \$		
CK IN	-				20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WOR	Her Bates	Mo.
BLACK OR VRITER R		D READ			10 4	her him alive onand to the best of my knowledge, from the c	auses stated.
USE BLACK OR TYPEWRITER		SHOULD		/IT OF	220. SIGNATURE (Degret or little) 22b. ADDRESS ON OVALUE ON ONE BUT	ler Missouri	22c. DATE SIGNED
		e S	$\dagger \dagger$	AFFIDAVIT	23b. BUTIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BUTIAL 12-18-1963 Eldorado Springs Cemetery	23d. LOCATION (City, town, or county) Eldorado Springs, Mi	(State) 850117 1
		¥		BY A	Ferry Funeral Home Nevada Mo. 25. DATE RECD. BY LOCAL R	REG. 26. REGISTRAR'S SIGNATURE	land

(Licensed Embalmer's Statement on Reverse Side)

4961 7 I NAL

4961 85 NAC.



STATEMENT BY LICENSED EMBALMER

working under my personal supervision.	
	Son I I as leasting
StudentSigned	Indeutor
Signature of Student Embalmer	
	Licensed Embalmer No. 35 T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.